



**CANDIDATE'S STATEMENT OF ORGANIZATION AND
DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE**

(CFA-1)

State Form 4604 (R12/9-09)

Indiana Election Commission (IC 3-9-1-3; IC 3-9-1-4; IC 3-9-1-5)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. SEE INSTRUCTIONS ON REVERSE SIDE.

FILE NUMBER

1. IS THIS AN AMENDMENT? ☐ No ☒ Yes If Yes, please enter the file number in this box →

SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.

2. Last Name SHORT		First Name FRANK		Middle Name T.	Nickname	3. Type of Committee (Check one) <input checked="" type="checkbox"/> Candidate's Principal Committee <input type="checkbox"/> Exploratory Committee
4. Mailing Address P.O. BOX 441428				5. FAX (Optional)		6. E-mail Address (Optional) FRANK@SHORTSTRATEGY.COM
7. City INDIANAPOLIS	State IN	ZIP Code 46244	8. County MARION	9. Telephone (Day) (317) 917-0800	10. Telephone (Evening)	
11. Party Affiliation <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input type="checkbox"/> Republican <input type="checkbox"/> Other				12. Office Sought (Include district number, if any. Not required for an exploratory committee.) WASHINGTON TOWNSHIP TRUSTEE		

SECTION B. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.

13. Full Name of Committee (Do not abbreviate) <input type="checkbox"/> Check if this is a new name CITIZENS FOR SHORT						
14. Mailing Address <input type="checkbox"/> Check if this is a new address P.O. BOX 441428				15. FAX (Optional)		16. E-mail Address (Optional)
17. City INDIANAPOLIS	State IN	ZIP Code 46244	18. County MARION	19. Telephone (317) 917-0800	20. Committee Organization Date (MM-DD-YY) 02-01-2010	
21. Chairperson's Full Name <input type="checkbox"/> Designate Candidate as Chairperson <input type="checkbox"/> Check if this is a new chairperson THOMAS J. SHORT						
22. Mailing Address <input type="checkbox"/> Check if this is a new address P.O. BOX 441428				23. FAX (Optional)		24. E-mail Address (Optional) THOMAS@SHORTSTRATEGY.COM
25. City INDIANAPOLIS	State IN	ZIP Code 46244	26. County MARION	27. Telephone (Day) (317) 917-0800	28. Telephone (Evening)	
29. Bank or Other Depositories (List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.) NATIONAL BANK OF INDIANAPOLIS						
30. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only)				31. Salaries and Reimbursements (Will the committee pay the candidate a salary or reimbursement for lost wages? If Yes, attach a copy of the contract.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

SECTION C. APPOINTMENT OF TREASURER (IC 3-9-1-14)

32. I, as Chairperson of the foregoing committee, appoint the following person as Treasurer of the Committee. FRANK T. SHORT			Person Appointed Treasurer FRANK T. SHORT				Signature of the Committee Chairperson [Signature]	
33. Treasurer's Full Name <input checked="" type="checkbox"/> Designate candidate as treasurer <input type="checkbox"/> Check if this is a new treasurer								
34. Mailing Address <input type="checkbox"/> Check if this is a new address				35. FAX (Optional)		36. E-mail Address (Optional)		
37. City	State	ZIP Code	38. County	39. Telephone (Day)		40. Telephone (Evening)		

SECTION D. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)

41. I give notice that I accept the duties and responsibilities of Treasurer of this Committee. I am not the chairperson of a campaign finance committee (except as permitted for a candidate committee under IC 3-9-1-7).

Signature of Person Accepting Appointment
[Signature]

SECTION E. CERTIFICATION OF STATEMENT

We certify as the candidate and the duly appointed Chairperson of the Committee and that we have examined this statement. To the best of our knowledge and belief it is true, correct and complete.

42. Typed or Printed Name of Chairperson THOMAS J. SHORT	Signature of Chairperson [Signature]	Date (MM-DD-YY) 2-10-10
43. Typed or Printed Name of Candidate FRANK T. SHORT	Signature of Candidate [Signature]	Date (MM-DD-YY) 2-10-10

Warning: State law requires that any change in this information be reported within 10 days of the change (IC 3-9-1-10). A person who knowingly files a fraudulent report commits a Class D felony (IC 3-14-1-13). A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor (IC 3-14-1-14), and may be subject to civil penalties (IC 3-9-4-16, IC 3-9-4-17, and IC 3-9-4-18).

FOR OFFICE USE ONLY

Elizabeth A. White

FEB 11 2010

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